PTO/SB/01 (10-01)
Approve for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

| DEGLARATION FOR LITTLEY OR | Attorney Docket Nur | mber 1174/146 | | | |
|---|---------------------|--------------------|--|--|--|
| DECLARATION FOR UTILITY OR DESIGN | First Named Invento | r Meckes, David A. | | | |
| PATENT APPLICATION (37 CFR 1.63) | COMPLETE IF KNOWN | | | | |
| | Application Number | | | | |
| Declaration Submitted OR Submitted after Initial with Initial Filing (surcharge | Filing Date | Herewith | | | |
| | Art Unit | | | | |
| Filing (37 CFR 1.16 (e)) required) | Examiner Name | | | | |

| I inventor, I hereby | y declare that: | | | | | | |
|--|---|---|--|--|--|--|--|
| g address, and citize | enship are as stated belo | ow next to my name. | | | | | |
| inal and first invent | tor of the subject matter v | which is claimed and for wh | ich a patent is soug | ht on the invention entitled: | | | |
| STEM AND | METHOD FOR M | IONITORING GRO | UPED RESO | URCES | | | |
| · | . (Title of the | Invention | langer (Malayan) | | | | |
| vhich | (Title of the l | mvermon | | | | | |
| reto | | | | | | | |
| /IM/DD/YYYY) | | as United States A | Application Number | or PCT International | | | |
| | and was amend | ded on (MM/DD/YYYY) | | (if applicable). | | | |
| was filed on (MM/DD/YYYY) as United States Application Number or PCT International Number of PCT International filing date of the continuation-in-part application. as United States Application Number or PCT International States Application Number or PCT Inte | | | | | | | |
| | | | | | | | |
| pplication (s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached | | | |
| | | | | | | | |
| | address, and citized in a priority benefits under the continuation of priority benefits under the continuation of priority benefits under the continuation of the continuation of priority benefits under the continuation of | and was amend and vertically referred to above. ty to disclose information which is material to information which became available between the continuation-in-part application. The priority benefits under 35 U.S.C. 119(a)-(dicate(s), or 365(a) of any PCT internationated below, ficate(s), or any PCT international application. | g address, and citizenship are as stated below next to my name. ginal and first inventor of the subject matter which is claimed and for which (Title of the Invention) (Invention) (Inv | graddress, and citizenship are as stated below next to my name. graddress, and citizenship are as stated below next to my name. Graddress, and citizenship are as stated below next to my name. Graddress, and citizenship are as stated below next to my name. (Title of the Invention) Thich Thi | | | |

PTO/SB/01 (10-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

| | | | | | | | |
|--|---|------|---------------------------------|---------------|---------------------------|----------------------|--|
| | Direct all correspondence to: X Customer Number or Bar Code Label | | | | | | |
| | 2329 / PATENT TRADEMARK OFFICE Name | | | | | | |
| | | Name | | | | | |
| | Address | | | | | | |
| | City | | | State | | ZIP | |
| | | | | | | | |
| | Country | Tele | phone | | | Fax | |
| | I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | | |
| 4.4.4.4 | NAME OF SOLE OR FIRST INVENTOR : | | A petition h | as bee | en filed for this unsig | ned inventor | |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Given Name (first and middle [if any]) $David A$. | | | Family or Sur | | | |
| Herry mill their | Signature | | | | | Date | |
| April of the stands of the stand of the stands of the stan | Residence: City Allentown | | State PA | | Country USA | Citizenship USA | |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Mailing Address 1630 E. Cambridge Street | | | | | | |
| # H. H. | | | | | | | |
| | City Allentown | | State PA | | ZIP 18109 | Country USA | |
| | NAME OF SECOND INVENTOR: | | A petition ha | s been | filed for this unsigne | ed inventor | |
| | Given Name (first and middle [if any]) $James\ S.$ | | Family Name or Surname Lee, Jr. | | | | |
| | Inventor's Signature | | | | | Date . | |
| | | | | | | | |
| | Residence: City Phillipsburg | | State NJ | | Country USA | Citizenship USA | |
| | Mailing Address 476 Lock Street | | | | | | |
| | | | | | | | |
| | City Phillipsburg | | State NJ | | ZIP 08865 | Country USA | |
| | $oxed{X}$ Additional inventors are being named on the $_1$ | sup | oplemental Addition | onal Inve | entor(s) sheet(s) PTO/SB/ | 02A attached hereto. | |

| Please type a plus sign (+) inside this box | + |
|---|---|
|---|---|

the state of the s

Please type a plus sign (+) inside this box

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

| Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor | | | | | | | | |
|--|--|------------------------|--|-----------|-----------------|--|--|--|
| Given Name (first and middle [if any]) | | | Family | Name or S | urname | | | |
| Richard J. | | Rosc | ioli | | | | | |
| Inventor's Signature | | | | | Date | | | |
| Residence: City Bethlehem | State PA | | Country USA | | Citizenship USA | | | |
| Mailing Address 3151 Roosevelt Street | | | | | | | | |
| Mailing Address | Mailing Address | | | | | | | |
| City Bethlehem | State PA | | ZIP 18020 | Count | y USA | | | |
| Name of Additional Joint Inventor, if ar | Name of Additional Joint Inventor, if any: | | | | | | | |
| Given Name (first and middle [if any] |) | Family Name or Surname | | | | | | |
| | | | | | | | | |
| Inventor's Signature | | | | | Date | | | |
| Residence: City | State | | Country | | Citizenship | | | |
| Mailing Address | | | | | | | | |
| Mailing Address | | | | | _ | | | |
| | State | | ZIP | Cau | ntm. | | | |
| City | State | · · · · <u>-</u> · · · | | | intry | | | |
| Name of Additional Joint Inventor, if any: | | | A petition has been filed for this unsigned inventor | | | | | |
| Given Name (first and middle [if any]) | | Family Name or Surname | | | | | | |
| | | | | | | | | |
| Inventor's Signature | | | | | Date | | | |
| Residence: City | State | | Country | | Citizenship | | | |
| Mailing Address | | | | | | | | |
| Mailing Address | | | | | | | | |
| City | State | | ZIP | C | ountry | | | |

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.